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APPLICANTS

Ricci J. Leonardi, Gurnee, IL;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
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Verified and Acknowledged

Examiner's Signature *[Signature]* Initials *[Initials]*

ADDRESS  
 04743  
 MARSHALL, GERSTEIN & BORUN LLP  
 233 S. WACKER DRIVE, SUITE 6300  
 SEARS TOWER  
 CHICAGO , IL  
 60606

TITLE  
 Duplex pharmacy label and method

FILING FEE  RECEIVED 996	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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